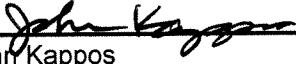



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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/954,646
	Filing Date	September 18, 2001
	First Named Inventor	Foerster
	Art Unit	3768
	Examiner Name	Rozanski, Michael
Total Number of Pages in This Submission	Attorney Docket Number	032,290-109

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; min-height: 40px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	O'MELVENY & MYERS LLP		
Signature			
Printed name	John Kappos		
Date	September 26, 2007	Reg. No.	37,861

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Sir:

I, Gerry Gressel, Assistant Secretary of Ethicon Endo-Surgery, Inc. and Artemis Medical, Inc., as representative of the Assignees of record of the entire interest of the applications listed below, hereby revoke all powers of attorney previously given and appoint the following attorneys and/or agents to prosecute and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent applications corresponding to the applications listed below, all of the registered practitioners identified by Customer Number 021884:

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U.S. Serial No./ Patent No.	U.S. Filing Date	First-Named Inventor	Reel	Frame	Recordation Date	New Attorney Docket (Former Docket)
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Assignees of interest: Ethicon Endo-Surgery, Inc.
Artemis Medical, Inc.
Address: 4545 Creek Road
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In conformance with 37 C.F.R. §3.73(b), I hereby certify that all documents in connection with the chain of title have been reviewed, and to the best of my knowledge, all right, title and interest is in the above-identified Assignee.

Dated: 9/24/07

By: 

Gerry Gressel
Assistant Secretary
Ethicon Endo-Surgery, Inc.
Assistant Secretary
Artemis Medical, Inc.
4545 Creek Road
Cincinnati, OH 45242